



COMMUNITY BENEFIT REPORT

Fiscal Year 2018

V St. Vincent
Medical Center
A Part of Verity Health



COMMUNITY BENEFIT PLAN

2018-2019

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- Summary of Quantifiable Community Benefit Classified as to Living in Poverty and Broader Community	Attachment A
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I. Introduction

St. Vincent Medical Center (SVMC) is a 366-bed, short-term acute care, general hospital located in the downtown area of Los Angeles. SVMC specializes in tertiary level services with a long-standing reputation in cardiac care, organ transplantation, oncology services, orthopedic services and the treatment of hearing disorders. SVMC has an extensive and rich tradition of serving the residents of Los Angeles along with patients from other states and from countries throughout the world. Founded in 1856 by the Daughters of Charity of St. Vincent de Paul and Los Angeles' first hospital, SVMC has been serving the community for over 155 years. In December 2015, SVMC became part of Verity Health System.

II. Organizational Structure

A Community Benefit Committee chaired by a member of senior management, meets monthly to address and discuss how the medical center is fulfilling its role in the community. This group comprised of staff whose departments or programs are involved in a wide-range of community benefit activities and projects:

- reviews and monitors activities spelled out in the plan;
- discusses, initiates and prioritizes plans for future projects in response to community needs;
- ensures proper reporting and tracking of community benefit activities;
- determines and assesses the financial value of certain hospital resources for community benefit purposes, as appropriate; and
- ensures quarterly and annual community benefit reports are submitted to the State.

III. Community Needs Assessment

Background and Purpose

In 1994, the California State Legislature enacted Senate Bill 697 (SB 697) requiring non-profit hospitals to conduct a needs assessment every three years. The needs and priorities identified in the tri-annual assessment served as the basis for our annual community benefit plan. In order to complete the 2016 Community Needs Assessment and consistent with previous needs assessments, SVMC and two other hospitals pooled resources to collect information about the health and well-being of residents in their service community. This group, called the Los Angeles Metropolitan Hospital Collaborative, includes:

- California Hospital Medical Center
- Good Samaritan Hospital
- St. Vincent Medical Center

Methodology and Process

Metro Collaborative CHNA Framework and Process

The Metro Hospital Collaborative is comprised of three hospitals serving the Los Angeles community— California Hospital Medical Center, Good Samaritan Hospital, and Saint Vincent Medical Center. These hospitals joined together to conduct a joint data gathering process and one stakeholder engagement effort in order to better utilize resources and reduce the burden on community members who are called upon for input.

This section outlines the steps taken to identify the 2016 community health needs, via data indicators (secondary data), and community input (primary data).

Secondary Data

The CHNA included the collection of over 200 data indicators that helped illustrate the health of the community. These secondary data were collected from a wide range of local, county, state and national sources to present demographics, mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment. These categories are based on the County Health Rankings Model.

The County Health Rankings Model illustrates the relationship between **health drivers** (called Health Factors in the diagram) which include social and economic factors, health behaviors, clinical care and physical environment, and **health outcomes** (morbidity and mortality). Combined, **health drivers** and **health outcomes** are **health needs**.

Data available at the ZIP Code level were compiled for each hospital's service area. When not available by ZIP Code, then the data for the appropriate representative portion of the SPA was utilized.

A comprehensive data matrix, the "Scorecard", was created listing all identified secondary indicators. The Scorecard included for each hospital service area secondary data collected from regional, state and federal agencies, primary data mentions (focus groups and individual stakeholder interviews; see next section for details) as the issues emerged as priorities among community members. The Scorecard also included benchmark data in the form of Healthy People 2020 (HP2020) goals, which are nationally recognized. Additionally, the most recent county or state data source was also used as a comparison.

Primary Data—Community Input

Primary data were collected through interviews and focus groups with key stakeholders including patients, patient navigators, community liaisons and hospital administrators. Two community focus groups held on Tuesday August 16 and Tuesday August 30, 2016 were attended by a total of 21 people. Participants were invited by the Metro Hospital Collaborative.

Focus group participants identified a list of most important health needs (comprised of health drivers and health outcomes, per the County Health Rankings Model). To begin to gain a sense for the perceived severity of each health need in the community, each participant was given a total of ten sticker dots and asked to vote for the five most severe health outcomes and the five most severe health drivers on a grid created during the focus group. For the purpose of the voting activity, severity was defined as the level to which a health outcome or health driver affected the health and lives of those in the community.

In addition to focus group interviews, in-depth semi-structured interviews were conducted with 5 key stakeholders in August 2016. Qualitative feedback from both the focus groups and individual interviews are incorporated in the Stakeholder Feedback sections below each Health Outcome.

The goal of the primary data collection component of the CHNA was to identify through the perceptions and knowledge of varied and multiple stakeholders health outcomes and drivers that are of particular concern to the service area community. Primary data collection also produced a list of community assets and information about gaps in resources. An inventory of existing community assets and resources was also compiled as a part of the CHNA process.

Analytical Methods Used To Identify Community Health Needs

The CNM consultant team used a modified content analysis to identify the main themes that emerged from community input through the focus groups. CNM used a three-step process for analyzing and interpreting primary data (community input): 1) all information gathered during focus groups and interviews were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories and quotes were identified.

Analysis to Identify Main Themes Emerged Via Community Input

To help identify health needs, two requirements needed to be met: 1) a health need had to be mentioned in the primary data collection more than once and 2) a secondary data indicator associated with the need had to perform poorly against a designated benchmark (county averages, state averages, or Healthy People 2020

goals). Once a health need met both requirements, it was designated as an identified health need.

List of identified health needs, in alphabetical order:

- Access to Health Care
- Alcohol and Substance Abuse, and Tobacco use
- Cancer
- Cardiovascular disease (including Cholesterol)
- Cultural and Linguistic barriers
- Diabetes
- Food insecurity
- Healthy behavior (including Physical Activity)
- Homelessness
- Hypertension
- Mental health
- Obesity/overweight
- Oral health
- Poverty (including Unemployment)
- Preventive care
- Sexually transmitted diseases
- Transportation
- Violence and injury

Data Limitations and Gaps

The secondary data allows for an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data. Data were not always available at the ZIP code level, so county-level data as well as SPA-level data were also utilized. Moreover, disaggregated data for age, ethnicity, race, and gender are not available for all data indicators, which limited the examination of disparities of health issues within the community. At times, a stakeholder-identified a health issue may not have been reflected by the secondary data indicators. In addition, data are not always collected on an annual basis, meaning that some data are several years old.

I. Prioritization of Health Needs

Once a list health needs was developed, a process was completed to prioritize the health needs. The steps to that process are outlined in the section that follows.

Community Ranking of Health Needs

A total of 28 community stakeholders convened by the Metro Hospital Collaborative on August 26, 2016 for a Prioritization Forum with the goal of ranking the identified

health needs. Participants were provided the data Scorecard and allowed time to review the data and discuss in small groups. CNM consultants were available in the room to answer data questions. To capture all groups' observations, each group was given a worksheet where they could provide input on: geographic areas impacted, specific populations, organizations and programs in the community and gaps in resources. After a full group discussion on their observations, they were given the opportunity to provide input via "dot voting" and completing a survey.

All participants were given sticker dots (10 sticker dots each) and asked to cast their sticker votes for the most severe health needs in the community.

Post-voting, they were asked to complete a written survey that asked them to score each identified health need based on the following criteria:

- **MAGNITUDE**- Does the issue affect a large portion of the population?
- **SEVERITY**- How severely does this health need impact the community?
- **CHANGE OVER TIME** - Has the health need improved or is it getting worse over time?
- **RESOURCES** - The availability of community resources and assets to address this health need.
- **DISPARITIES**- Does the issue disproportionately affect vulnerable population groups?

Participants were given a companion document that further explained the four criteria and the scoring system. Absent participants were allowed the opportunity to complete the survey online if they were not able to attend Prioritization forum. A total of 33 participants completed the survey in person and 13 online, for a total of 46 completed surveys.

Community Health Profile

Service Area Definition

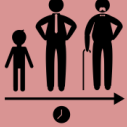





The St. Vincent Medical Center (SVMC) service area provides health services in 24 ZIP Codes, 16 cities or communities, and three Service Planning Areas (SPA) within Los Angeles County.

Saint Vincent Medical Center (SVMC) Service Area

City/Community	ZIP Code	Service Planning Area
Hancock Park	90004	4
Koreatown	90005	4
Pico Heights	90006	4
Wilshire	90010	4
Downtown Los Angeles	90015	4
Downtown Los Angeles	90017	4
Country Club Park/Mid City	90019	4
Hancock Park	90020	4
Echo Park/Silverlake	90026	4
Westlake	90057	4
ARCO Towers	90071	4
Los Angeles	90001	6
Los Angeles	90002	6
South Los Angeles	90003	6
South Los Angeles	90007	6
Baldwin Hills/Crenshaw	90008	6
South Los Angeles	90011	6
West Adams	90016	6
Jefferson Park	90018	6
South Los Angeles	90037	6
View Park-Windsor Hills	90043	6
South Los Angeles	90062	6
Athens	90044	8
Los Angeles/West Athens	90047	8

Demographic Overview

A description of the community serviced by SVMC provided in the following data tables and narrative. All data provided in the following tables are presented by ZIP code.

					
43.8% of service area population are between 18-44 years old*	62.1% of service area population is Hispanic/Latino	67.1% have limited English proficiency	35.9% of service area population ages 25+ don't have a high school diploma	8.2% of individuals were unemployed in 2015 (rate=8.6)	14.9% of families are below poverty

*Reflects largest age group of the service area population

Estimated Current Year Population

Population

In 2016, the SVMC service area showed an increase in estimated population for all ZIP codes represented, with an overall increase in population (6.2%) almost twice that of Los Angeles County (3.2%). In particular, ZIP codes 90071-Arco Towers (30.0%), 90010-Wilshire (17.4%) and 90017- Downtown Los Angeles (11.9%) indicated the highest growth within the service area.

By 2020, the population is expected to increase in the SVMC service area by approximately 4.8%. The greatest population growth is expected to occur in ZIP Codes 90071-ARCO Towers (15.4%) and in Downtown Los Angeles ZIP codes 90017 (8.3%) and 90015 (7.3%).

Estimated Current-Year Population

City	ZIP Code	2010 Population	2015 Estimated Population	2020 Projected Population	Percent Increase 2010-15	Percent Increase 2015-20
Hancock Park	90004	60,921	61,995	63,435	1.8%	2.3%
Koreatown	90005	41,417	42,479	43,744	2.6%	3.0%
Pico Heights	90006	59,501	60,883	62,620	2.3%	2.9%
Wilshire	90010	-	3,792	-	17.4%	-
Downtown Los Angeles	90015	18,903	20,773	22,281	9.9%	7.3%
Downtown Los Angeles	90017	24,580	27,516	29,811	11.9%	8.3%
Country Club Park/Mid City	90019	65,036	66,468	68,220	2.2%	2.6%
Hancock Park	90020	39,427	40,660	42,055	3.1%	3.4%
Echo Park/Silverlake	90026	67,165	69,760	72,451	3.9%	3.9%
Westlake	90057	43,528	45,663	47,742	4.9%	4.6%
ARCO Towers	90071	10	13	15	30.0%	15.4%
Los Angeles	90001	56,773	59,053	61,442	4.0%	4.0%
Los Angeles	90002	51,391	55,015	58,387	7.1%	6.1%
South Los Angeles	90003	67,853	72,616	77,076	7.0%	6.1%
South Los Angeles	90007	42,722	43,625	44,648	2.1%	2.3%
Baldwin Hills/Crenshaw	90008	31,041	32,058	33,183	3.3%	3.5%
South Los Angeles	90011	103,622	109,513	115,222	5.7%	5.2%
West Adam	90016	48,097	50,141	52,286	4.2%	4.3%
Jefferson Park	90018	51,382	53,385	55,491	3.9%	3.9%
South Los Angeles	90037	62,241	65,902	69,417	5.9%	5.3%
View Park-Windsor Hills	90043	44,153	45,235	46,565	2.5%	2.9%
South Los Angeles	90062	31,459	32,975	34,510	4.8%	4.7%
Athens	90044	89,542	93,457	97,516	4.4%	4.3%
Los Angeles/West Athens	90047	48,741	50,314	52,043	3.2%	3.4%
SVMC Service Area		1,149,505	1,203,291	1,250,160	5.7%	4.8%
Los Angeles County		9,818,605	10,136,509	10,510,281	3.2%	3.7%

Data source:
Nielsen Claritas
Data year: 2016
Source geography: ZIP Code

Gender

In 2016, 49.7% of the population in the SVMC service area was male while the other 50.3% was female. In contrast, Los Angeles County had a higher percentage of females (50.7%) and a lower percentage of males (49.3%). The ratio of males to females was significantly higher than average in ZIP codes 90057- Westlake (53.8%), 90071-ARCO Towers (53.9%) and 90017-Downtown Los Angeles (53.4%).

Gender

City	ZIP Code	Male		Female	
		Number	Percent	Number	Percent
Hancock Park	90004	31279	50.5%	30,716	49.6%
Koreatown	90005	21703	51.1%	20,776	48.9%
Pico Heights	90006	31218	51.3%	29,665	48.7%
Wilshire	90010	1,809	47.7%	1,983	52.3%
Downtown Los Angeles	90015	10689	51.5%	10,084	48.5%
Downtown Los Angeles	90017	14691	53.4%	12,825	46.6%
Country Club Park/Mid City	90019	32519	48.9%	33,949	51.1%
Hancock Park	90020	20152	49.6%	20,508	50.4%
Echo Park/Silverlake	90026	35546	51.0%	34,214	49.1%
Westlake	90057	24552	53.8%	21,111	46.2%
ARCO Towers	90071	7	53.9%	6	46.2%
Los Angeles	90001	29,479	49.9%	29,574	50.1%
Los Angeles	90002	26,848	48.8%	28,167	51.2%
South Los Angeles	90003	35,866	49.4%	36,750	50.6%
South Los Angeles	90007	22,168	50.8%	21,457	49.2%
Baldwin Hills/Crenshaw	90008	14,465	45.1%	17,593	54.9%
South Los Angeles	90011	55,665	50.8%	53,848	49.2%
West Adams	90016	24,127	48.1%	26,014	51.9%
Jefferson Park	90018	25,871	48.5%	27,514	51.5%
South Los Angeles	90037	33,136	50.3%	32,766	49.7%
View Park-Windsor Hills	90043	20,911	46.2%	24,324	53.8%
South Los Angeles	90062	15,891	48.2%	17,084	51.8%
Athens	90044	45,140	48.3%	48,317	51.7%
Los Angeles/West Athens	90047	23,102	45.9%	27,212	54.1%
SVMC Service Area		596,834	49.7%	606,457	50.3%
California		5,001,632	49.3%	5,134,877	50.7%

Source: Nielson Claritas

Data Year: 2016

Source Geography: ZIP

Age

In 2016, the SVMC service area population was slightly younger than the population of Los Angeles overall. Whereas in Los Angeles, 29.1% of the population was between 25 and 44 years of age, in the SVMC service area 33.4% of the population was between 25 and 44 years of age. Only 33.6% of the SVMC service area population is older than 45, compared to 37.5% of the population of Los Angeles.

In 2016, the SVMC service area was young in comparison to Los Angeles County. The average age of residents in the SVMC service area was 35.8 years old, which was slightly younger than Los Angeles County (37.3 years old). Similarly, the median age for residents within SVMC service area (33.9) was younger than the median of Los Angeles County (36.0).

Of note, residents of ZIP code 90010-Wilshire were on average 5 years older than residents of Los Angeles County, and residents of ZIP code 90008 were on average about 7 years younger than the residents of Los Angeles County.

Race and Ethnicity

In 2015, a more than half (62.1%) of the population living in the SVMC service area was of Hispanic/Latino origin, a higher percentage than in Los Angeles County (48.8%). Further, the Black/African American population (19.5%) was the second largest ethnic population in the SVMC service area and made up a much greater proportion of the population in the service area than in Los Angeles County (8.0%). The White population in the SVMC service area (6.4%) was nearly one-third that of Los Angeles County (26.4%). The Asian population in the SVMC service area (10.1%) was slightly smaller than that of Los Angeles County (14.0%).

Race/Ethnicity

Race/Ethnicity	SVMC Service Area		Los Angeles County	
	Number	Percent	Number	Percent
White Alone	76,817	6.4%	2,676,038	26.4%
Black or African American Alone	233,829	19.5%	810,921	8.0%
Amer. Indian and Alaska Native Alone	1,865	0.2%	20,273	0.2%
Asian Alone	121,120	10.1%	1,419,111	14.0%
Native Hawaiian and Other Pac. Isl. Alone	801	0.1%	20,273	0.2%
Some Other Race Alone	4,505	0.4%	30,410	0.3%
Two or More Races	16,258	1.4%	212,867	2.1%
Hispanic/Latino	744,304	62.1%	4,946,616	48.8%
Total	1,199,499	100.0%	10,136,509	100.0%

Data source: Nielsen Claritas
Demographic Data year: 2015
Source geography: ZIP

Education

In 2016, the SVMC service area population had a notably lower level of education than Los Angeles County. Specifically, 35.9% of individuals in the SVMC service area did not graduate from high school or receive their GED, compared to 23.2% in Los Angeles County. Furthermore, the population existing within the SVMC service area consisted of a lower percentage of individuals with a bachelor's degree or higher (19.9%) than Los Angeles County (29.7%). In particular, ZIP codes 90007-South Los Angeles (42.8%), 90043-View Park (39.6%) and 90017-Downtown Los Angeles (36.1%) had the highest percentage of individuals who had less than a ninth-grade education. ZIP codes 90071-ARCO Towers (36.4%) and 90010-Wilshire (14.7%) had the highest percentages of individuals who completed a Master's degree or higher. ZIP codes 90043-View Park (0.7%), 90007-South Los Angeles (0.9%) and 90062-South Los Angeles (0.9%) had the lowest percentages of individuals who completed a Master's degree.

Marital Status

In 2016, the percentage of the SVMC service area population who had never been married (52.2%) was significantly higher than Los Angeles County (41.5%). Further, the percentage of the population that was married and had their spouse present was much lower in the SVMC service area (27.6%) than in Los Angeles County (38.3%). Only marginal differences (about 1%) existed between SVMC service area residents and Los Angeles County residents in the percent of the population who were either married with their spouse absent, widowed or divorced.

Household Income

In 2016, more households in the SVMC service area earned an average income of less than \$15,000 (22.4%) than in Los Angeles County (13.1%). Approximately two-thirds (66.5%) of the SVMC service area population has a household income less than \$50,000, a much higher percentage than in Los Angeles County (46.9%).

Nativity

Births

In 2012, there were a total of 132,608 births in California, of which 4.4% (n=5,888) took place in the SVMC service area. Within the service area, the greatest number of births was in ZIP codes 90011-South Los Angeles (12.1%), 90044-Athens (8.7%) and 90003-South Los Angeles (6.3%).

Births by Mother's Age

In 2012, most births in the SVMC service area were to women between the ages of 20 and 29 (47.8%), followed by those between the ages of 30 and 34 (24.7%), and 35 years and older (17.8%). Overall, mothers in the service area were younger at the time of their child's birth than mothers in Los Angeles County, where 21.2% of

mothers were 35 years of age and older and 27.3% of mothers were between the ages of 30 and 35.

Births by Mother's Ethnicity

By ethnicity, most births in the SVMC service area in 2012 were to Hispanic mothers (72.0%), followed by African-American mothers (16.2%), both of which were higher than Los Angeles County (57.6% and 7.1% respectively). In contrast, the percentage (3.2%) of White mothers who gave birth in the SVMC service area was significantly lower than Los Angeles County (17.4%).

Birth Weight

In the United States, the average newborn weighs about 8 pounds. Any baby born weighing less than 5 pounds, 8 ounces (2,500 grams) falls into the low birth weight category. A baby weighing less than 1500 grams falls into the very low birth weight category. Medical risk factors for having a low-birthweight baby include chronic health conditions like high blood pressure, diabetes and heart, lung and kidney problems and infections. Additional risk factors include smoking, drinking alcohol and substance abuse as well as mother's age and ethnicity. Low birth weight infants are more likely to have respiratory problems, feeding problems, bleeding in the brain and are more likely to die in the first year of life than normal birth weight infants. Low birth weight infants are also more likely to experience long-range developmental and physical health problems including: diabetes, heart disease, high blood pressure, metabolic syndrome and obesity.

In 2011 in the SVMC service area, 6.3% of babies were born with low birth weight and another 1.3% with very low birth weight. ZIP codes 90007-South Los Angeles and 90008-Baldwin Hills/Crenshaw had the highest incidence of low birth weight (9.8% and 9.6% of all births, respectively), and ZIP codes 90043- View Park and 90008-Baldwin Hills/Crenshaw had the highest incidence of very low birth weight (2.6% and 2.2%, respectively).

Breastfeeding

There are numerous beneficial short-term and long-term health effects of breastfeeding for mothers and babies. Recent research has also demonstrated that breastfeeding carries potential economic and environmental benefits for communities. The short-term benefits of breastfeeding to babies include nutritionally balanced meals, some protection against common childhood infections and better survival during the first year of life. With respect to health during the lifetime, recent research has demonstrated that breastfeeding during infancy has protective effects for the baby against chronic non- communicable diseases in adulthood, particularly hypertension, obesity, diabetes, hypercholesterolemia and cardiovascular disease. Moreover, breastfeeding carries health benefits for mothers including lowering their risk of type 2 diabetes, certain

kinds of breast cancer and ovarian cancer. With respect to the economic benefits of breastfeeding, families purchasing infant formula during the first year of a child's life can save between \$1,200 and \$1,500 through breastfeeding instead. This is a significant savings for low-income families.

Women who stop breastfeeding before their infant is three months old often do so because of breastfeeding management problems that are preventable and can be addressed through breastfeeding education and support. Hospitals can be designated as "baby-friendly" if they follow steps to promote breastfeeding.

Breastfeeding is an important element in the development of newborns. In 2015 in the SVMC service area, nearly half (49.7%) of mothers breastfed their babies for at least six months, a percentage equal to Los Angeles County (49.7%) but still lower than the Healthy People 2020 goal of $\geq 60.6\%$.

Over a quarter (28.0%) of mothers in the SVMC service area breastfed their babies for at least twelve months, a higher percentage than in Los Angeles County (27.6%). A larger percentage (31.7%) of mothers in SPA 6 breastfed their babies at least twelve months—more than in Los Angeles County (27.6%).

Mortality

Deaths

In 2012, ZIP codes accounting for the most deaths in the SVMC service area include 90044-Athens (8.1%) and 90047-Los Angeles/West Athens (7.7%)

Deaths by Age Group

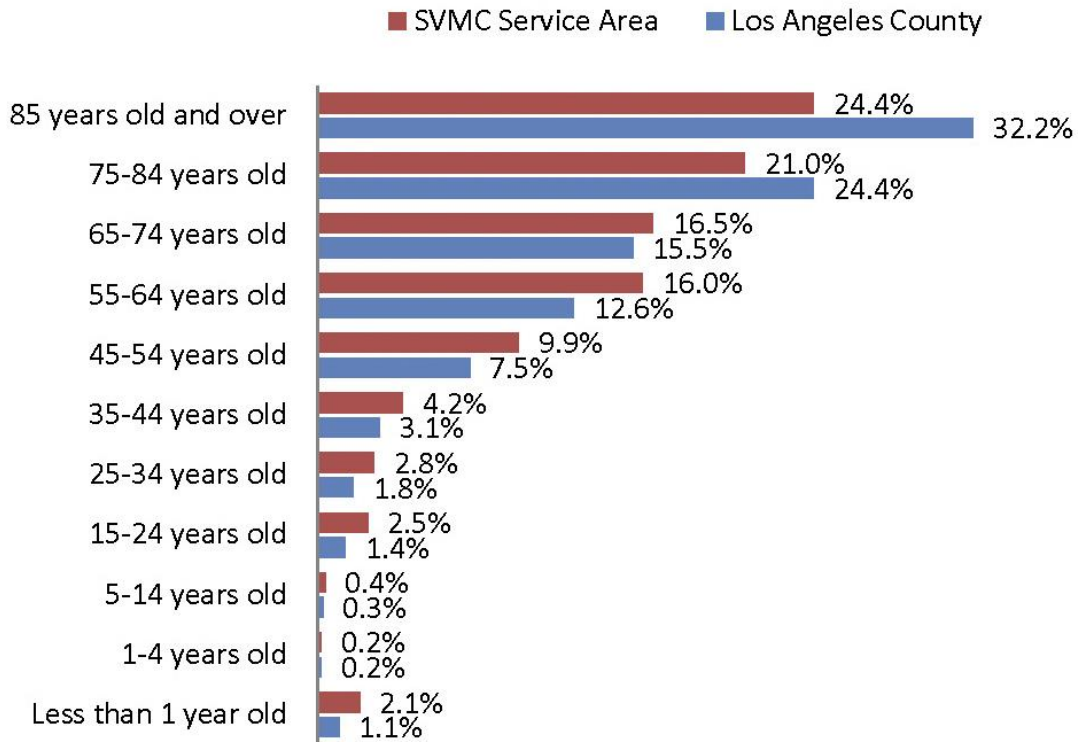
Compared to Los Angeles County averages, the incidence of mortality in the SVMC service area in 2010 is particularly high among children less than 1 year of age (2.1% of all deaths for the SVMC service area compared to 1.1% of all deaths for LA county), as well as among the following age groups: 25-34 years, 35-44 years, 45-54 years, and 55-64 years. Consequently, the probability of living to 85 years and older is much lower in the SVMC service area (24.4%) than in Los Angeles County (32.2%).

Cause of Death

In 2012, heart disease (26.1%) was the leading cause of death in the SVMC service area, which was slightly less than Los Angeles County (27.9%). Cancer (23.0%) was the second leading cause of death in the SVMC service area and reflected a slightly lower percentage than Los Angeles County (24.6%).

The SVMC service area sees a much higher proportion of deaths to influenza/pneumonia and diabetes (5.0% and 4.9%, respectively) than Los Angeles County (3.5% and 3.4%, respectively). Conversely, a lower than average proportion of residents in the SVMC service area died as a result of chronic lower respiratory disease and cancer.

Total Deaths, by Age Group



Total Deaths, by Age Group

Age Group	SVMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Less than 1 year old	122	2.1%	613	1.1%
1-4 years old	14	0.2%	105	0.2%
5-14 years old	21	0.4%	159	0.3%
15-24 years old	147	2.5%	771	1.4%
25-34 years old	166	2.8%	1,018	1.8%
35-44 years old	247	4.2%	1,716	3.1%
45-54 years old	580	9.9%	4,123	7.5%
55-64 years old	939	16.0%	6,955	12.6%
65-74 years old	964	16.5%	8,572	15.5%
75-84 years old	1,229	21.0%	13,481	24.4%
85 years old and over	1,426	24.4%	17,818	32.2%
Total	5,855	100.0%	55,331	100.0%

Data source: California Department of Public Health (CDPH)

Data year: 2010/2012

Source geography: ZIP Code

Access to Healthcare

Access to health care services is a concept that encompasses one's ability to afford health care, navigate the health care system, access a health care location where needed services are provided and find a health care provider with whom one can communicate and build trust. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death and life expectancy for individuals.

Medicare Beneficiaries

Medicare is a Federal program administered by the Centers for Medicare & Medicaid Services (CMS) and provides health insurance for people age 65 or older, those under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease), and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant). The Medicare program provides insurance through various initiatives, including insurance for inpatient hospital, skilled nursing facility and home health services; coverage for physician services, outpatient hospital services, durable medical equipment and certain home health services; health plan options that are provided by Medicare-approved private insurance companies (e.g., HMOs, PPOs); and, insurance coverage for prescription drugs.²⁰ The Medicaid program is jointly funded by the federal and state government, and provides health insurance to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.

In 2014, the SVMC service area population had a lower percentage of individuals benefit from using Medicare (0.8%) than Los Angeles County (1.3%). In contrast, a higher percentage of the population living in SVMC's service area received Medicaid (26.9%) than in Los Angeles County (19.2%). In addition, the service area population had a higher percentage of individuals using both Medicare and Medicaid (4.8%) than the rest of Los Angeles County (3.5%).

Medi-Cal and Healthy Families Programs

Medi-Cal, California's Medicaid program, is a public health insurance program that provides health care services at no or low cost to low-income individuals. The federal government mandates a set of basic services, which include but are not limited to physician, family nurse practitioner, nursing facility, hospital inpatient and outpatient, laboratory and radiology, family planning, early and periodic screening, diagnosis and treatment for children. In addition to these mandatory services, California provides optional benefits such as home- and community-based services (HCBS) waivers, and medical equipment.²¹

The Healthy Families Program offers low-cost insurance that provides health, dental and vision coverage to children who do not have insurance or who do not qualify for

no-cost Medi-Cal. However, starting January 1, 2013, no new enrollments of children into the Healthy Families Program were allowed and existing enrollees are being transitioned into the Medi-Cal program because of a change in state law.²³

In 2011 in the SVMC service area, a total of 39.5% of the population is enrolled in Medical, and 1.7% of the families are enrolled in Healthy Families.

ZIP codes 90011-South Los Angeles (12.1%), 90044-Athens (10.0%), and 90003-South Los Angeles (7.7%) had a high percentage of Medi-Cal beneficiaries. ZIP codes 90011 (10.3%), 90044 (7.9%), and 90001 (7.1%) were areas with the highest percentage of Healthy Families enrollment in the SVMC service area.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. They consist of public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and receive funds under the Health Center Program (Section 330 of the Public Health Service Act). In 2015, there were an estimated 747 health centers in the SVMC service area.

Uninsured

In the SVMC service area in 2014, 26.1% of adults did not have health insurance (or were uninsured) — which is higher than the percentage of uninsured adults in the County (16.1%).

In 2011, 3.9% of children in the SVMC service area did not have health insurance (or were uninsured), lower than the uninsured rate for children in Los Angeles County (6.4%).

Specifically, in 2014, a substantially larger percentage (28.4%) of the SVMC service area population was uninsured when compared to Los Angeles County (21.5%). Higher percentages in ZIP Codes 90057- Westlake (33.4%), 90006-Pico Heights (33.4%), and 90011-South Los Angeles (33.1%) were uninsured when compared to the SVMC service area (28.4%).

Lack of Consistent Source of Care

In 2015, the SVMC service area had a similar percentage of adults (19.5%) who lacked a consistent source of primary care when compared with Los Angeles County (19.7%).

Difficulty Accessing Care

In 2015, the SVMC service area population had a similar percentage of adults (23.5%) experience difficulty in accessing medical care to that of Los Angeles

County (23.6%). Again, a similar percentage (11.2%) of children in the SVMC service area had difficulty accessing medical care to those of Los Angeles County (11.0%).

Foreign-Born Residents and U.S. Citizen Status

In 2011, half of the residents in Los Angeles County were born outside of the United States and had not become U.S. Citizens (54.5%) similar to the percentage in California (54.4%).

Language

In 2015, the percent of residents in the SVMC service area who spoke only English (32.5%) was considerably lower than in Los Angeles County (42.9%). In contrast, the percent of residents in the SVMC service area who spoke only Spanish at home (51.9%) was higher than in Los Angeles County (39.6%).

The percentage of the SVMC service area population whose primary language was of Asian origin (13.0%) was similar to Los Angeles County (10.9%). The percentage of the SVMC population speaking a language of Indo-European origin (1.8%) was much lower than in Los Angeles County (5.6%). ZIP codes with high percentages of the population speaking Spanish at home are 90001-Los Angeles (86.8%) and 90011-South Los Angeles (87.5%). ZIP codes with high percentages of the population speaking an Asian/Pacific Islander language at home are 90020-Hancock Park (40.5%) and 90071 (38.5%).

In 2014, 3.6% of residents in the SVMC service area experienced a difficulty understanding their doctor during doctor visits. This was slightly higher than Los Angeles County (3.2%).

Poverty (including Unemployment)

In 2015, nearly double the percentage of families in the SVMC service area lived below poverty (27.6%) in comparison to families in Los Angeles County (14.9%). Similarly, the percentage of families living below poverty with children (22.4%) was nearly double that of Los Angeles County (11.7%). Several areas with a higher concentration of families with children living below poverty include zip codes 90007- South Los Angeles (38.3%), 90017-Downtown Los Angeles (35.0%) and 90016-West Adams (35.0%).

In the SVMC service area, a slightly lower percentage of families were at or above the poverty level (72.4%) than in Los Angeles County (85.2%). Only ZIP codes 90071-ARCO Towers (100.0%) and 90010- Wilshire (86.8%) had higher than average percentages of the population living at or above poverty. The percentage of families at or above poverty with children was lower in the SVMC service area (34.4%) than in the rest of the county (41.9%). Only ZIP code 90071-ARCO Tower had a higher percentage of families with children living at or above poverty (50.0%) than the County average.

Employment Status

In 2015, a majority of the SVMC service area population was employed (55.4%), a slightly higher rate than in Los Angeles County (57.0%). At the same time, 8.2% of the population in the SVMC service area was unemployed, slightly higher than Los Angeles County's 7.6% unemployment rate. In particular, ZIP codes 90004-Hancock Park (9.9%), 90043-View Park-Windsor Hills (9.7%) and 90026-Echo Park (9.5%) reflected areas with the highest percentage of unemployed residents in the SVMC service area. The remaining 36.3% of the population in the SVMC service area were classified as currently not in the labor force.

Employment Status

ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
SVMC Service Area	0.1%	55.4%	8.2%	36.3%
Los Angeles County	0.0%	57.0%	7.6%	35.3%

Data source: Nielsen Claritas

Data year: 2016

Source geography: ZIP Code

Students Receiving Free or Reduced-Price Meals

Student eligibility for FRPM serves as a proxy measure of family poverty, as the federal poverty threshold tends to underestimate the extent of poverty, particularly in high cost areas. Research indicates that families in California can earn two or more times the federal poverty level and still struggle to meet their basic needs.

A child's family income must fall below 130% of the federal poverty guidelines (\$31,005 for a family of four in 2014-2015) to qualify for free meals, or below 185% of the federal poverty guidelines (\$44,123 for a family of four in 2014-2015) to qualify for reduced price meals.

In 2015, the percentage of children eligible for the Free or Reduced-Price School Meal (FRPM) program was 66.6%, which is an increase from 2011 (61.8%). Overall, these percentages are above that for California (58.6%).

Oral Health

Dental care is essential to overall health and is relevant as a health need because engaging in preventive behaviors decreases the likelihood of developing future oral health and related health problems. In addition, oral diseases such as cavities and oral cancer cause pain and disability for many Americans.

Behaviors that may lead to poor oral health include tobacco use, excessive alcohol consumption, and poor dietary choices. Barriers that prevent or limit a person's use of preventive intervention and treatments for oral health include limited access to and availability of dental services, a lack of awareness of the need, cost, and fear of dental procedures. Social factors associated with poor dental health include lower levels or lack of education, having a disability, and other health conditions such as diabetes.

Access

In the SVMC service area, over half the population (60.6%) did not have dental insurance coverage in 2015, higher than the uninsured rate Los Angeles County (51.8%).

As of 2013, there were a total of 8,417 dentists in Los Angeles County, making up over a quarter (26.7%) of dentists in California.

For an area to be determined a Dental Health Professional Shortage Area, it must have a population-to- dentist ratio of at least 5,000:1. Los Angeles County does not meet this criterion, as its ratio is 2,484:1.

Although the population-to-dentist ratio is not high enough in Los Angeles County to be considered critical, there is still an issue with access to dental care.

Affordability

Often, dental insurance is limited and coverage is minimal, so people have to pay high out-of-pocket costs. In addition, most don't have dental insurance coverage and the cost of dental services is too high and therefore unattainable for the average person.

In the SVMC service area, over a third (35.0%) of adults could not afford dental care in 2011—including regular check-ups—which is higher than the rate for Los Angeles County (30.3%). SPA 4 reported an even higher percentage (37.6%).

In Los Angeles County, a number of free or low-cost dental services are available for children through community clinics and state and county programs. However, many of those entities have fallen victim to budget cuts, which have significantly limited the availability of those services.

In 2015, the percentage of children in the SVMC service area (12.4%) who were unable to afford dental care was higher than Los Angeles County (11.5%). SPA 4-Metro's percentage (15.5%) was higher than both the service area and Los Angeles County.

Summary of Key Findings

The CHNA process represented in this report examined both upstream and downstream indicators of population health. Drawing from the County Health Rankings

Model framework,¹ primary and secondary data were collected for both *health drivers* (social determinants of health) and *health outcomes* (indicators of morbidity and mortality). Together, *health drivers* and *health outcomes* are referred to as *health needs* for the purpose of this report.

Eighteen health needs were identified and prioritized through the CHNA process. The prioritized health needs are as follows:

1. Obesity/Overweight
2. Homelessness
3. Poverty (including unemployment)
3. Diabetes
4. Mental Health
5. Violence and Injury
6. Oral Health
7. Preventive Care
7. Food Insecurity
8. Alcohol, Substance Abuse and Tobacco Use
9. Cardiovascular Disease including Hypertension and High Cholesterol
10. Access to Care
11. Healthy Behaviors
12. Cultural and Linguistic Barriers
13. Physical Activity
14. Transportation
15. Cancer
16. Sexually Transmitted Diseases

The list below presents the prioritized health needs and drivers.

**Prioritized Health
Needs**

Rank	Health Need	Driver/Outcome
1	Obesity/Overweight	Outcome
2	Homelessness	Driver
3	Poverty (including unemployment)	Driver
3	Diabetes	Outcome
4	Mental Health	Outcome
5	Violence and Injury	Driver
6	Oral Health	Outcome
7	Preventative Care	Driver
7	Food Insecurity	Driver
8	Alcohol, Substance Abuse and Tobacco Use	Driver/Outcome
9	Hypertension	Outcome
10	Access to Care	Driver
11	Cardiovascular Disease	Outcome
12	Healthy Behavior	Driver
13	Cultural and Linguistic Barriers	Driver
14	Physical Activity	Driver
15	Transportation	Driver
16	Cholesterol	Outcome
17	Cancer	Outcome
18	Sexually Transmitted Diseases	Outcome

St. Vincent Medical Center's Response to Community Needs

In accordance with its resources and expertise, St. Vincent Medical Center has prioritized from among the priority health needs and drivers identified in the community health needs assessment the areas it can have the greatest impact: (1) obesity/overweight, (2) diabetes, (3) preventive care, (4) cardiovascular disease including hypertension and high cholesterol risk factors, (5) access to care, (6) healthy behaviors, (7) cultural and linguistic barriers, (8) physical activity, (9) transportation, and (10) cancer.

High priority community health needs and drivers not addressed in St. Vincent Medical Center's Community Benefit Plan include programs on homelessness, poverty, mental health, violence and injury, oral health, food insecurity, substance abuse, Alcoholism, STDs and HIV/AIDS. The primary factors contributing to this decision include: (1) lack of expertise (mental health and dental care services; HIV and STD education); (2) limited resources; and, (3) the availability of other providers in the community with more capacity/expertise to address these needs.

IV. Progress Report: 2017–2018

A. Information, Enrollment and Referral – Health Benefits Resource Center (HBRC)

HBRC is a major initiative designed to increase access to health care through enrollment in public and low-cost insurance and related benefit programs and referral for medical and social services. HBRC provides individuals and families with enrollment assistance for health insurance through the state exchanges Covered CA and Medi-Cal. HBRC program closed April 2015. After the closure of the full program, the Medi-Cal eligibility process continued under the Patient Access department until the Conifer Eligibility Enrollment Services assumed oversight from August 2016 through August 2017. The HBRC program was recently reopened as of September 2017. This program also facilitates access to the patients of St. Vincent Medical Center by working directly with the emergency room and inpatient admission departments and walk in referrals.

B. Hepatitis Education/Detection/Treatment – Asian Pacific Liver Center

Asian Pacific Islanders (API) are disproportionately affected by chronic hepatitis B (CHB) infection, accounting for more than half of the estimated 2 million Americans with CHB. While API make up less than 5% of the total US population, they account for more than 50% of nearly one million Americans living with CHB. Approximately 1 in 12 API living with CHB, yet one-third or more are unaware of their hepatitis B status. Additionally, up to 30% of individuals with CHB will die of its complications such as cirrhosis and/or liver cancer if left untreated. In fact, the death rate due to CHB complications is seven times greater among Asian Americans than it is for whites. Effective treatments and vaccinations are currently available for CHB, which can prevent disease progression. However, more than 60% of CHB cases are undiagnosed since most persons with CHB are asymptomatic until the onset of complications, making it a “silent killer” in the APIs community. Therefore, early diagnosis of CHB is critical so that appropriate medical management can be initiated.

Our targeted population is API communities in Los Angeles and Orange Counties, particularly in the cities of Los Angeles and Long Beach in Los Angeles County and communities in northern Orange County, where the concentration of foreign-born individuals from hepatitis B virus endemic countries is one of the highest in the nation. According to the 2013 U.S. Census, among the approximately 10 million residents of Los Angeles County, 14% are API, and of those, 35% are foreign-born. Depending on their country of origin, 5 to 15% of API immigrants have CHB. In some Pacific Rim countries, as much as 20% of the

population may be chronically infected with hepatitis B, and more Pacific Rim immigrants pass through Southern California than any other entry point in the United States. Overall, the rate of hepatitis B infection is 30 to 40 times higher among API populations than the general US population.

According to the US Department of Health and Human Services, up to 65% of infected Americans are unaware of their infection and are not receiving care or treatment. Since hepatitis B is often without symptoms, it is then passed on to others who also remain unaware that they are infected. For that reason, providing education, screening, and treatment is essential to stop the spread of the disease and the premature deaths.

The barriers to accessing medical care and treatment for the API population include a variety of factors. Lack of awareness of hepatitis B in the community and among primary care physicians is responsible for under-diagnosis of hepatitis B. This obstacle is being addressed directly by Asian Pacific Liver Center (APLC) through education events given in English and native languages targeted to the lay community, as well as free screenings which are offered to the public. In addition, the physicians at APLC conduct regular education seminars and lectures for screening, diagnosis, and management of CHB for community physicians.

Fear of discrimination if diagnosed with hepatitis B is another barrier to overcome in API communities. There is stigma and shame associated with hepatitis B, which many believe can only be contracted through intravenous drug use. This stigma further contributes to the silence surrounding hepatitis awareness in the community. APLC attempts to raise awareness and knowledge through educational events and workshops, encouraging community members to seek screening, diagnosis, and treatment.

APLC recognizes the importance of cultural differences across the different API communities. The prevalence of diverse languages and cultures present a challenge in terms of dissemination of information and acceptance of information and treatment. Among APLC's target population in Los Angeles between 2007 and 2014, 22% did not speak English, and only 27% could read and write English. The populations that we target mostly speak Korean, Mandarin, Cantonese, Vietnamese, Thai, and Cambodian, and prefer to receive information in their language. In response, the APLC staff creates resources in-language to deliver culturally appropriate interventions, information, and services tailored to the languages and concerns of patients. APLC also draws from agencies and organizations such as the CDC and American Cancer Society for language-appropriate educational material that are distributed to the community at screening and education events.

The most common obstacle preventing individuals with CHB from obtaining care is a lack of medical insurance or financial means. This is especially the case for follow-up care among the low-income and newly-immigrated populations, who are the most likely to carry the infection. Less than 21% of people screened by APLC between 2007 and 2014 had medical insurance, and of those who did not seek follow-up, 63% cited lack of financial means or medical insurance as the reason. Coupled with a lack of urgency due to the asymptomatic nature of CHB, this is a significant obstacle. The APLC can provide an opportunity for infected individuals to obtain treatment through the Patient Assistance Program at various pharmaceutical companies. The implementation of the Affordable Care Act has somehow lowered this barrier, but the APLC will keep working with patients to ensure that they receive proper coverage.



Through the years, APLC has developed partnerships and collaborations with a variety of organizations, agencies, and community groups throughout Southern California to address the needs of API populations. Through these partnerships, we were able to extend our outreach into communities with large and even majority API populations such as Alhambra, Rosemead, Monterey Park, and the City of San Gabriel, as well as cities in Orange County such as Westminster, Garden Grove, and Irvine, cities which the latest US Census has identified as having the highest concentration of API residents.

Since its inception in 2007, the APLC has screened nearly 27,000 individuals at risk by conducting over 310 free hepatitis screening events and providing hepatitis and liver cancer education to several thousand in API communities. Through these events, over 1,360 individuals were diagnosed with CHB, 99.2% were foreign-born APIs. Approximately 780 of these individuals have been linked to care and additional treatment services. In addition to community partnerships, the APLC collaborates with state and county agencies to implement strategic plans to control the spread of hepatitis B in Southern California. APLC's name has a strong online presence that brings in a multitude of patients. On our website, visitors can view the schedule for upcoming screenings, community lectures, and education events.

The hepatitis C virus (HCV) is the most common chronic blood-borne viral infection and the most common cause of chronic liver disease in the United States. An estimated 4 million Americans are infected with HCV and are thus at risk of developing cirrhosis and liver cancer. In Los Angeles County alone, an estimated 180,000 people are infected with HCV. Like CHB, many who have HCV are not aware or experience no symptoms. While anyone can get hepatitis C, baby boomers, or those born between 1945 and 1965, are five times more likely to get the disease. Hepatitis C is responsible for 8,000-10,000 deaths in the United States every year.

The APLC is committed to providing comprehensive education, screening, and vaccination services for the identification and prevention of hepatitis and linkages to care and treatment for those infected. In October 2010, the APLC started selectively adding hepatitis C testing to hepatitis B screenings in Cambodian, Vietnamese, and Chinese communities, as they are at higher risk for chronic hepatitis C (CHC) among APIs. In 2014, a larger shift to include hepatitis C testing at all screening events was implemented. HCV viral load test was automatically added for the HCV Ab positives to diagnose CHC. Reflex studies including genotype, complete blood count (CBC), and hepatic function panel (HFP) were performed to assess the liver condition for the confirmed CHC patients. So far 212 persons have been found to be positive for HCV Ab with 50% of those diagnosed with CHC by viral load test and linked to further treatment and care.

Due to the lack of symptoms, chronic hepatitis may go undetected for years, leading to complications such as liver damage, cirrhosis, or liver cancer. Furthermore, without awareness of its presence, hepatitis can be spread unknowingly through close personal contact. Education, screening, diagnosis, and treatment such as those offered by the APLC greatly reduce the risk of both complications and the spread of the infection to other individuals. By and large, challenges to the efforts to enhance viral hepatitis prevention and control include several factors that the APLC can address. As the APLC continues to

grow and develop, these goals are at the forefront of our mission to serve the community.

APLC SUCCESS STORY

The APLC continues to conduct several vital hepatitis B studies to collect information for research publication. The study findings are used to develop abstracts for conferences as well as manuscripts for medical journals to share with the medical community. Most recently, using data collected from hepatitis B patients, Dr. Ho Bae, the APLC Medical Director, and Dr. Tse-Ling Fong, the APLC Program Director, authored the manuscript, *Improvement Of Bone Mineral Density And Markers Of Proximal Renal Tubular Function In 12 Weeks In Chronic Hepatitis B Patients Who Switched From Tenofovir Disoproxil Fumarate To Tenofovir Alafenamide*. It is our plan to present the findings at the 2018 American Association for the Study of Liver Diseases in San Francisco. The manuscript of the study was submitted to the Journal of Viral Hepatitis in August 2018. In addition, APLC currently is conducting 9 different hepatitis B protocols that are particularly important as we have been offering treatment opportunities to screened chronic hepatitis B persons who cannot afford medical care. To date, we have been able to enroll 41 eligible subjects in these protocols and APLC became one of the highest enrollers internationally.

In 2018, APLC was awarded with 2 grants in the amount of \$75,000 from Gilead Sciences, Inc. and \$25,000 from Prevent Cancer Foundation. These grant funds will facilitate the APLC to continue finding new and innovative ways to expand the range of our services to the community at large as well as working on a linkage program for positively screened community members. Our free screenings and seminars have targeted an expanded range of Asian Pacific Islander communities in Los Angeles and Orange counties. The database system at the center is utilized to learn more about hepatitis B, to facilitate linkage-to-care, and to report cases to county public health surveillance. We understand that linkage to follow-up care is still a huge barrier for these communities to overcome; thus, we have put more effort in closing gaps in the healthcare system for underserved communities at risk of hepatitis B. As the number of those reached grows, we will make progress in improving general health outcomes of the population with CHB in Southern California.

C. Job Training/Career Development for Youth – Volunteer Services

During fiscal year 2017-2018, SVMC continued to participate in both government- and privately-sponsored programs that provide career development for high school and college students. A total of 5,291 hours were donated by these students to SVMC.

SVMC has developed relationships with New Village Girls Academy, Los Angeles School of Global Studies, Western University and USC. Loyola High School has been a partner of St. Vincent Medical Center for many years for their Senior Community Service Hours project.

The students acquire competencies necessary for entry-level employment and provide valuable instructional experience in an actual work environment with mentoring and teaching from business/industry volunteers. In addition, students interested in healthcare-related careers gain valuable access to health care professionals. SVMC also participates in many community service fairs at various schools.

D. Donated Space for Community Use

SVMC has maintained a long tradition of offering free or discounted space for the use of community groups and organizations, including conference rooms and parking facilities, offices, residential property and lodging accommodations for the families of patients. Some examples of discounted spaces include but not exclusive to

St. Vincent Senior Citizen Nutrition Program – Meals on Wheels, California Nurses Association, St. Vincent IPA, Regal Medical Group, All Scripts, Kindred Quarterly Board Meeting, Adopt-A-Family Christmas Program, Daughters of Charity Foundation, Los Angeles Fire Department, City of Los Angeles Election Polling, Community Basketball and Fitness Training, LA Society of Otolaryngology, LA Cochlear Implant Group, Transplant Symposium and Diabetic Symposium. In addition, parking was provided for these groups.

Seton Guest Center

Located on the campus of St. Vincent Medical Center, the Seton Guest Center, which resembles a hotel, first opened its doors in 1994. Extensively renovated and enhanced during 2013, the center has 32 private hotel-like rooms which can accommodate up to four people. Each room has a queen-size bed and a queen-size sofa bed, television, a small refrigerator and private bath. The community kitchen has a refrigerator/freezer, a microwave and a toaster oven. A laundry room is available with washer and dryer. The Seton Guest Center also has available computers with Internet access and some areas have wireless Wi-Fi available.



Recovery times are as individual as each patient, and their hospital stays can sometimes be lengthy. Families can remain close to their loved one for as long as necessary by staying at the SVMC's Seton Guest Center. Once a patient is discharged but must remain close to the hospital and their physicians, they can stay at the Seton Guest Center if a family member or friend is present to care for the patient.

The patients and family members served are generally from Northern, Central and Southern California; however, families from across the U.S. and from around the world including England, Hong Kong, Egypt, Australia and Israel to name a few were also served. On average, the guest center serves approximately 100 patients per month. No one is turned away for their inability to pay. During FY2017/2018, the Seton Guest Center provided discounted lodging for 87* people valued at \$15,555. *Please note that some of our guests had multiple visits due to additional surgeries or follow-up appointments.

E. Transportation Services

Lack of access to transportation is a major barrier to health care for many residents living in SVMC's primary service area. This problem is being addressed through the provision of patient shuttle vans directly operated by SVMC between the patient's residence and the hospital.

Service is provided at no charge within a 15-mile radius of SVMC from 9:00 a.m.-5:30 p.m. Monday through Friday. Service is not provided on weekends or holidays. When use of the shuttle vans is not feasible, patients in need of transportation are issued taxi vouchers. These transportation resources are funded in part by generous grants from QueensCare. During 2017–2018, a total of 2,075 patients were provided transportation services.



V. Community Benefit Plan: 2018–2019

The Health Benefits Resource Center was re-opened on the St. Vincent Medical Center Campus in the fall of 2017.

St. Vincent Medical Center will continue to implement programs and services during 2018-2019 that address access to primary and specialty care, chronic disease prevention and management, and transportation based on community need priorities, available institutional resources and established partnerships with a broad array of agencies, programs, providers and faith- and school-based organizations. The plan for the remaining programs identify the respective community needs, goals and objectives to accomplish during the year, evaluation indicators used to measure impact and collaborating partners.

Benefit/Activity: Information, Enrollment & Referral – Health Benefits Resource Center (HBRC)

Goal: Medi-Cal Benefits shall be provided during a presumptive period to patients who are determined eligible based on preliminary information to be presumptively eligible.

Objectives:

1. 95% of patients will receive an insurance affordability application prior to release from the hospital.
2. 100% of presumptive Medi-Cal applicants will receive a paper copy of their Hospital PE eligibility determination
3. Meet all Hospital PE determination performance standards as specified in provider instructions or regulations.
4. Attempt to contact 100% of self-pay referrals made to the HBRC.

Evaluation

Indicators:

1. Number of insurance affordability applications distributed to patients.
2. Number of Hospital PE eligibility determination copies distributed to patients.
3. Number of self-pay patient contacts.
4. Number of approved Presumptive Medi-Cal applications.
5. Number of denied Presumptive Medi-Cal applications.
6. Number of insured patients post self-pay screening.

***Benefit/Activity: Hepatitis B and C Education/Screening/Treatment –
Asian Pacific Liver Center (APLC)***

- Community Need:**
1. Education and screening for individuals at risk for chronic hepatitis.
 2. Follow-up care and treatment for individuals who are already infected with hepatitis to prevent disease progression.
 3. Prevention by vaccinations for individuals who are susceptible to hepatitis B.

Goal: To provide free education and screening for those at risk of hepatitis B and/or C, and vaccinations for those who are susceptible to hepatitis B and to provide culturally-sensitive follow-up care, treatment and surveillance measures for those already affected.

Objectives:

1. Provide hepatitis/liver cancer education brochures to 3,000 community members at risk of hepatitis at screening and educational venues in the targeted cities of Los Angeles, Alhambra, Monterey Park, Rosemead, Long Beach and Torrance (Los Angeles County) as well as Garden Grove, Westminster, Irvine, and Santa Ana (Orange County)
2. Screen 1,000 persons at risk for hepatitis B and 500 for hepatitis C
3. Provide patient hepatitis/liver cancer education session to the expected 50 positively screened participants
4. Phone counseling four times for positively screened individuals, at 2 weeks, 2 months, 4 months, and 6 months after the screening
5. Increase 10% of the rate of linkages to follow-up care by 65% as the current rate is 55%
6. Vaccinate 100 hepatitis B susceptible individuals
7. Ensure at least 99% of cases identified during the project period are reported to LACDPH surveillance within 1 month of diagnosis date
8. Ensure at least 95% of persons testing for hepatitis B or C receive their test results.

Evaluation

Indicators:

1. Objective will be to provide liver cancer education brochures to community members at risk of hepatitis. This objective will be measured by the number of distributed brochures.
2. Objective will be to screen persons at risk for hepatitis B and hepatitis C. Trained APLC staff members and volunteers collect registration forms from the participants at screening event sites, and collected data is entered into a

password secured computer. This objective will be measured by the number of screenings registered in our database.

3. Objective will be to provide hepatitis/liver cancer education sessions. All attended patients will be registered and they will complete the post education satisfaction survey. This objective will be measured by the number of attendees. The collected survey data will be used to improve the project.
4. Objective will be to provide phone consultations for positively screened individuals. This objective will be measured by reviewing all phone counseling reports. These reports will be reviewed in the monthly staff meeting to make sure to meet this objective.
5. Objective will be to increase the rate of linkages to follow-up care. This will be measured by checking if patients have made a follow-up appointment during phone consultations.
6. Objective will be to vaccinate hepatitis B susceptible individuals. This objective will be measure by retrieving total number of vaccinations from the California Immunization Registry (CAIR), a national immunization registry program as all vaccinations at APLC will be registered at the CAIR.
7. Objective will be to ensure that cases identified during the project period are reported to surveillance within one month of diagnosis date. This objective will be measured monthly by the number of reports that we submitted to the LACPHD.
8. Objective will be to ensure that persons testing for hepatitis B or C receive their test results. This objective will be measured by confirming the positive received the mail during the first phone counseling at two weeks after the screening.

Partners:

1. adCREASIANS
2. American Cancer Society
3. Asian Health Corps (APHC), UCLA
4. Asian Pacific American Health CARE, UCLA
5. Asian Pacific American Medical Student Association, UCLA and USC
6. Asian Pacific Health Care Venture
7. Azusa Pacific University, School of Nursing
8. Bangladesh Medical Association
9. Cambodian Health Professional Association of America
10. Chinatown Service Center
11. Gilead Foundation
12. Hep B Free Coalition Los Angeles and Orange County
13. Hepatitis C Task Force, Los Angeles
14. Herald Cancer Association
15. Herald Christian Health Clinic

16. His Lai Temple
17. Khmer Parent Association
18. Korean American Nurses Association, Southern California
19. Korean Health Education and Information Resource (KHEIR) Center
20. Los Angeles Department of Public Health
21. Medical, Educational Missions and Outreach (MEMO), UCLA and UCI
22. Nhan Hoa Comprehensive Health Center
23. ONOM Foundation
24. Team HBV, UCLA, UCI and USC
25. TeamX Health, UCLA
26. The Liver Project, UCLA
27. Vietnamese Community Health (VCH), UCLA
28. United Cambodian Community
29. Vietnamese American Pharmacy Student Associate, USC
30. Vietnamese American Cancer Foundation (VACF)
31. Vietnamese Physician Association of Southern California

Benefit/Activity: Job Training/Career Development Services – Volunteer Services

Community Need:	Opportunities for economic and employment development.
Goal:	To provide opportunities for job training and career development for youth, 15 years of age and older, from lower socioeconomic communities.
Objective:	<ol style="list-style-type: none"> 1. Continue participation in government- and privately-sponsored training programs. 2. Continue a partnership with LAUSD to provide community classroom and on-the-job training. 3. Continue to provide tours of the Medical Center for students and others interested in health care careers. 4. Participate in the planning process for high school job training and development programs. 5. Develop new partnership with: Youth Policy Institute Workforce Department program. 6. Collaborate with many career colleges to provide training volunteer hours.

Evaluation**Indicators:**

1. Number of students participating in a job training program
2. Number of students completing the job training program
3. Number of students finding employment utilizing their training skills
4. Supervisor and student's job training checklist
5. Written evaluations by students taking tours

Partners:

1. Archdiocese of Los Angeles
2. Western University
3. Los Angeles School of Global Studies
4. Los Angeles Unified School District
5. Loyola High School
6. SVMC/USC Physician Mentorship Program
7. USC School of Pharmacy

Benefit/Activity: Charity Care

Community Need: Access to primary and specialty care.

Goal: Ensure uninsured patients referred to SVMC are provided care, as hospital resources permit.

Objectives:

1. Maximize the utilization of the QueensCare Fund.
2. Collaborate with SVMC Medical Staff in the provision of charity care.
3. Provide an avenue for uninsured patients to enroll in health programs.

Evaluation**Indicators:**

1. Number of patients admitted
2. Amount spent on charity care
3. Number of people enrolled into health coverage programs

Partners:

1. QueensCare
2. SVMC Medical Staff

Benefit/Activity: Services to MediCal Patients

Community Need:	Access to primary and specialty care.
Goal:	Ensure MediCal patients referred to SVMC are provided inpatient and outpatient care.
Objective:	Collaborate with SVMC Medical Staff in the provision of inpatient and outpatient care to MediCal eligible patients.
Evaluation Indicators:	<ol style="list-style-type: none">1. Number of patients admitted2. Net cost of services provided to MediCal patients
Partners:	<ol style="list-style-type: none">1. Federal and State governments2. SVMC Medical Staff

Benefit/Activity: Donated Space for Community Use

Community Need:	Access to quality housing/lodging, office space and meeting room facilities.
Goal:	Provide free or discounted office, meeting and lodging space to community organizations and patient families to address the shortage of quality space in the area surrounding the Medical Center.
Objectives:	<ol style="list-style-type: none">1. Continue to provide discounted space for the Knights of Malta Free Clinic.2. Continue to operate the Seton Guest Center.3. Continue to provide discounted parking space for St. Nicholas Church.4. Continue to offer discounted meeting room, parking and audiovisual facilities for community organizations.
Evaluation Indicators:	<ol style="list-style-type: none">1. Number of people benefited2. Value of donated space3. Feedback from tenants and organizations receiving space4. Verbal and written communications from families using Seton Guest Center

- Partners:**
1. Daughters of Charity Foundation
 2. Knights of Malta Clinic
 3. St. Nicholas Church
 4. SVMC Medical Staff

Benefit/Activity: Patient Transportation Services

Community Need: No cost transportation to access medical services.

Goal: Provide underserved and low-income patients reliable and safe transportation to St. Vincent Medical Center.

- Objectives:**
1. Continue to provide taxi vouchers to patients lacking transportation.
 2. Continue to operate a van service transporting patients to SVMC and home.

Evaluation

- Indicators:**
1. Number of patients served
 2. Feedback from riders
 3. Feedback from hospital departments
 4. Feedback from Medical Staff

- Partners:**
1. QueensCare
 2. Taxi companies

VI. Inventory and Economic Valuation of All Community Benefits

From July 2017 to June 2018, SVMC provided a Net Community Benefit of \$44,392,825 excluding unpaid costs of the Medicare program, which were \$29,069,968. Net Community Benefit for persons living in poverty amounted to \$43,374,807. Attachment "A" offers a detailed inventory and classification of the services and activities provided by St. Vincent Medical Center from July 2017 to June 2018 and their economic value.

VII. Plan Review

The SVMC Community Benefit Plan will be reviewed by the Community Benefit Committee and submitted to the SVMC Board of Directors for final adoption. Upon completion, the plan will be shared with the hospital's management team.

The plan will also be disseminated to external constituencies. Collaborators will be informed about the plan through our various program steering committees, which include representation of outside organizations or affiliates that partner with SVMC to implement community benefit programs. Efforts will also be made to share the plan with community

networks and coordinating groups that bring together representatives of key health and social service organizations of our community. The plan will also be posted on the St. Vincent Medical Center website.

Community Benefit Report FY2018

St. Vincent Medical Center	Number of Programs or Activities	Volume	Total community Benefit (CB) Expense	Total CB Expense as a Percent of Total Expense	Direct Offsetting Revenue	Net Community Benefit Expense
Benefits for Persons Living in Poverty						
Charity Care at Cost	1	1,309	\$ 1,008,769	0.3%	\$ -	\$ 1,008,769
Unreimbursed costs of public programs - Medi-Cal - Other indigent programs	1	12,974	\$ 67,527,861	23.3%	\$ 25,161,823	\$ 42,366,038
Community Health Improvement Services		-	\$ -	0.0%	\$ -	\$ -
Health Professions Education				0.0%		
Subsidized Health Services				0.0%		
Cash and in kind Contributions to Community Groups				0.0%		
Community Building Activities including CB operations				0.0%		
Total quantifiable community benefits for persons living in poverty	2	14,283	\$ 68,536,630	23.7%	\$ 25,161,823	\$ 43,374,807
Benefits for the Broader Community						
Community Health Improvement Services	3	902	\$ 1,106,798	0.4%	\$ 446,684	\$ 660,115
Health Professions Education	4	264	\$ 221,238	0.1%	\$ 20,821	\$ 200,417
Subsidized Health Services	4	9,847	\$ 174,877	0.1%	\$ 28,691	\$ 146,186
Research				0.0%		
Cash and in kind Contributions to Community Groups	8	-	11,300	0.0%	\$ -	\$ 11,300
Community Building Activities including CB operations				0.0%		
Total quantifiable community benefits for the broader community	19	11,013	\$ 1,514,213	0.5%	\$ 496,196	\$ 1,018,017
Total Quantifiable Benefits	21	25,296	\$ 70,050,843	24.2%	\$ 25,658,019	\$ 44,392,825
Unpaid Costs of Medicare Program		58,186	141,239,421	48.8%	\$ 112,169,453	\$ 29,069,968
Total Quantifiable Community Benefits Including Medicare						
		83,482				73,462,793

SERVICE AREA MAP

Attachment B



Financial Assistance Policy Plain Language Summary

St. Vincent Medical Center, a not for profit acute care hospital, was established to serve the needs of the community. The hospital is committed to providing medical services to patients regardless of their ability to pay. St. Vincent Medical Center recognizes that not all patients have the financial resources to pay their hospital bill. This Plain Language Summary provides that basic information about our policy.

St. Vincent Medical Center Financial Assistance Policy

The Financial Assistance Program offers emergency and other medically necessary services at low cost or no cost to qualified patients. Whether patients are uninsured or underinsured, they can apply for financial assistance. Our staff will assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. Upon approval, patients may receive the following assistance:

0-200% of the Federal Poverty Level:	100% of patient balance
201-350% of the Federal Poverty Level:	Patient balance discounted using lesser of the amount generally billed to a patient with insurance coverage OR the amount of payment the hospital would be paid by a government program, such as Medicare, Medi-Cal or other government sponsored health programs.

How to obtain copies of our Financial Assistance Policy and Applications

You may obtain a copy of our policy and application form free of charge in the following ways:

- St. Vincent Medical Center's website:
stvincent.verity.org
- Visit our Eligibility and Enrollment Department at:
St. Vincent Medical Center
2131 West Third Street
Los Angeles, CA 90057
Phone (888) 874-2585
- Financial Assistance Policies, Applications and Plain Language Summaries are available in the following Languages: English, Korean and Spanish.